

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Submit 6 Copies.

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

86-5

STATE

ILLINOIS

PROGRAM IDENTIFICATION

XIX

PROPOSED EFFECTIVE DATE

3-1-86

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

42 CFR 435.135

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Appendix to Supplement ⁶X to
Attachment 2.6-A, Pages 1 and 8NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENTAppendix to Supplement ⁶X to
Attachment 2.6-A, Pages 1 and 8

SUBJECT OF AMENDMENT

Categorically Needy Standards - Aged, Blind and Disabled
Pass-On of Title II/Title XVI Cost of Living Adjustments

GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Not submitted for review
by prior approval

SIGNATURE OF STATE AGENCY OFFICIAL

Gregory L. Coler

TYPED NAME:

Gregory L. Coler

TITLE:

Director

DATE:

March 25, 1986

RETURN TO:

Illinois Department of Public Aid
316 South Second Street
Springfield, IL 62762

ATTN: Mary Ann Langston

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

SIGNATURE OF REGIONAL OFFICIAL

TYPED NAME:

Cheryl A. Harris

TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

REMARKS:

Page 1 of Appendix to
Supplement 6 to Attachment 2.6-A

STATE OF ILLINOIS

The SSP cash payment amount is determined by adding allowances for individual need items that apply to the client's situation and then deducting income as appropriate. The individual need items are listed below. The State assures that the highest possible level of individual needs (the standard) is less than 300% of the Supplemental Security Income (SSI) benefit level.

Personal allowance for food, clothing, household supplies and personal essentials	See Page 2 of Appendix
Therapeutic diet	See Page 3 of Appendix
Restaurant meals	\$102.63 month in lieu of food allowance
Room & board	\$134.98 in Cook, DuPage, Kane and Lake counties. \$127.43 in all other counties
Home delivered meals	See Page 3 of Appendix
Rent or property expenses	\$97.00 monthly
Utilities	See Pages 4, 5, 6 & 7 of Appendix
Laundry	See Page 3 of Appendix
Telephone	Minimum community rate
Transportation, lunches, special fees	Actual cost related to education program
Care in home not subject to licensing	See Page 8 of Appendix
Sheltered care in a licensed facility	See Page 8 of Appendix
Grant Adjustment	\$351.90 for clients not in group care. Protects SSI increases from 1977 through 2001. \$10.00 allowed for clients in shelter care and homes not subject to licensing.
Excess shelter allowance	Actual costs above \$97 needed to maintain a client with an infirmity in a suitable residence.

TN # 86-5
Supersedes
TN # 85-3

Approval Date 06/2001

Effective Date 03-01-86

Page 8 of Appendix to
Supplement 6 to Attachment
2.6-A

STATE OF ILLINOIS

Personal or Nursing Care Rates
March 1, 2001

<u>GROUP A*</u> <u>COUNTIES</u>	<u>POINT</u> <u>COUNT</u>	<u>GROUP B**</u> <u>COUNTIES</u>
\$839.55	0-7	\$851.55
844.55	8	857.55
849.55	9	863.55
854.55	10	869.55
859.55	11	875.55
864.55	12	881.55
869.55	13	887.55
874.55	14	893.55
879.55	15	899.55
884.55	16	905.55
889.55	17	911.55
894.55	18	917.55
899.55	19	923.55
904.55	20	929.55
909.55	21	935.55
914.55	22	941.55
919.55	23	947.55
924.55	24	953.55

*Counties other than Cook, DuPage, Kane, Lake and Will.

**Cook, DuPage, Kane, Lake and Will counties.

TN # 86-5

Supersedes

TN # 85-3

Approval Date JUN 06 2001

Effective Date 03-01-86